

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/088741	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/		/				51	
2		/	/				52	
3		/	/				53	
4		/	/				54	
5		/	/				55	
6		/	/				56	
7		/	/				57	
8		/	/				58	
9		/	/				59	
10		/	/				60	
11			/				61	
12			/				62	
13			/				63	
14			/				64	
15			/				65	
16			/				66	
17			/				67	
18			/				68	
19			/				69	
20			/				70	
21			/				71	
22			/				72	
23			/				73	
24			/				74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	1		3				TOTAL IND.	
TOTAL DEP.	9		21				TOTAL DEP.	
TOTAL CLAIMS	10		24				TOTAL CLAIMS	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS